



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1989

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/849,793   | <b>FILING OR 371(c) DATE</b><br>05/04/2001<br><b>RULE</b>   | <b>CLASS</b><br>719           | <b>GROUP ART UNIT</b><br>2194   | <b>ATTORNEY DOCKET NO.</b><br>SVL920010041US1 |                                |
| <b>APPLICANTS</b><br>Shyh-Mei F. Ho, Cupertino, CA;<br>Andrzej McColl Krasun, Broughton, UNITED KINGDOM;<br>Benjamin Johnson Sheats, San Jose, CA;   |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/223,671 08/08/2000  |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/03/2001</b>   |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>12                     | <b>INDEPENDENT CLAIMS</b><br>4 |
| <b>ADDRESS</b><br>24852  |   |                               |   |   |                                |
| <b>TITLE</b><br>CICS BMS (BASIC MESSAGE SERVICE) META MODEL  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1090   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |